Bernadette Nolan
2E. 103 St, N. Y. Dent Jour

FLORIDA DENTAL JOURNAL

THE OFFICIAL ORGAN OF THE FLORIDA STATE DENTAL SOCIETY

CATALOGUED JUL 7 1939

JUNE, 1934—VOL. V—No. 6 Issued Monthly—$2.00 Per Year

Secretary's Report

The following is the membership record of the Districts as of May 12th, 1934.

West Coast District	91
East Coast District	100
Central District	38
Northeast District	38
Northwest District	27
Total for State	294

We have as our goal, 400 for a total membership this year which at the present writing means that we must have 106 more. I can see no reason why this cannot be done if everyone will concentrate on it be between now and the State meeting. For instance, from our eligibility list we should have 18 more from the West Coast, 20 more from the East Coast, 30 more from the Central, 30 more from the Northeast and at least 8 more from the Northwest.

After attending the President-elects' Officers Conference yesterday in Ocala, and noting the enthusiasm displayed, I feel confident that we will reach our goal.

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The Officers' Conference

The President-elects', general and Officers' Conference was held in Ocala at the Hotel Marion, Sunday May 13th, and the following men were present.

Drs. C. L. Smith, Pensacola; H. B. Pattishall, Jacksonville; A. B. Whitman, Orlando; L. N. Harlow, Bradenton; W. Glen Phillips, Jacksonville; C. P. Cleveland, Jacksonville; A. M. Hedick, Palatka; Roscoe D. Cummins, St. Petersburg; E. L. Thompson, Daytona Beach; P. C. Harrell, Orlando; G. A. Earnhardt, New Smyrna; I. W. Shields, Miami; F. M. York, St. Petersburg; E. B. Penn, Miami; B. L. Gamble, St. Petersburg; C. J. Masters, Jacksonville; Frank Meyers, St. Petersburg; R. P. Taylor, Jacksonville; J. E. Chace, Ocala; C. C. Stewart, St. Petersburg; Malcolm Smith, Tampa; C. J. Caraballo, Tampa.

Due to the continued illness of President-elect, George M. Shields, first vice-president, C. P. Cleveland, presided. Secretary read a letter from Dr. W. M. Rowlett, immediate past-president of the Florida Medical Association Inter-Relationship Committee, requesting our Society to appoint a committee of three men to act with their committee and a similar one from the Florida Pharmaceutical Association, the duty of this general committee to be that of co-ordination, co-operation, and to make recommendations to their respective Societies that would be of benefit to all .

After many general remarks, it was moved by E. L. Thompson, seconded by A. M. Smith, that this body recommend to the Executive Council, the appointment of such a committee. This recommendation also to include the appointment of a similar committee in each District.

The Secretary then gave a comparative report on our State Membership for the past three years, presenting figures showing the membership as of June 1st and December 1st of each year and this year the Society is much ahead in paid members at the present time, than we have been at the same time in the past three years. There was considerable discussion among all those present relative to membership and after a further report from Dr. P. C. Harrell, Chairman of the State Membership Committee, in which he outlined the activities of his committee to date. His report showed conclusively the good results obtained by active energetic work.

Dr. York pointed out the fact that at present, if a member is two years in arrears in dues and wishes during that period of time to place himself in good standing, he is required by our Constitution to pay up the two full years dues before he is in good standing and authorized to attend the meeting, however, at present, the same man can by allowing himself to be dropped for non-payment of dues at the end of this two year period of grace, put in a new application for membership the third year, with the payment of only the current year's dues. He suggested that this was in reality a discrimination against the faithful member who keeps himself in good standing and suggested that it would be well to consider that in these cases where a man is dropped for non-payment of due, and then wishes to come in as a member again, that a tax equivalent to a year's dues which with the current year's dues, would put him on the same basis as the members who do keep in good standing.

Dr. Penn as chairman of the Special Constitution and By-Laws Committee reported that in the new Constitution and By-Laws which his committee has drawn up to submit to the respective Districts, that such a provision as recommended by Dr. York, has been made.

Dr. L. N. Harlow as secretary of the Special Constitution and By-Laws Committee read the draft of the new Constitution and By-Laws for the Districts. The contents of this draft were discussed section by section by all present, and were found to be excellent and the committee was given a complimentary vote of thanks for their excellent work.

Dr. J. E. Chace raised the question as to the legal status of the clause pertaining to expulsion of members and he was appointed to confer with this Special Committee and report back to the Officers' group.

Dr. R. P. Taylor gave a report of the Florida State Board of Dental Examiners showing their financial condition and that they now have several prosecutions under way against men who are practicing illegally within our State.

Dr. Cleveland pointed out the fact that all of the money received by the Board from the annual registration fee of $3.00 which we all pay, is used for the prosecution of illegal practitioners.

A report was read of Dr. F. L. Adams, Chairman of the Committee on Public Relations which showed the progress of the survey being made in this State for the United States Public Health Service. The following cities have undertaken to make the survey of the entire elementary school enrollments, Miami, Tampa, Gainesville, Panama City, Sarasota, Newberry, Blountstown and Sanford.

The following cities have undertaken to make a partial survey in what they would call the representative group or cross-section of their local conditions, Jacksonville, Tallahassee and the Tampa negro schools. Dr. Adams in his written report stated that he was disappointed that not more of the cities were represented and that he had wished for a better co-operation. It was brought out that other places besides those mentioned were doing this survey but had not as yet reported.

The Editor of the Journal of the Florida State Dental Society urged all of the committees to submit more reports of their activities to him for publication in the Journal. He stated that even if their work was not completed, a tentative report would be of interest to the membership at large, and that if they would submit their reports to him in such a way that they could be printed without rewriting he would see to it that they would be printed.

Secretary read a letter from the first and second District Dental Society of Louisiana asking our Society to instruct our delegates to vote for New Orleans for the meeting place of the A. D. A. for 1935. Motion was made by Dr. C. L. Smith, seconded by Dr. C. J. Caraballo that we recommend to our delegates and alternates, that they vote for New Orleans. Motion carried.

Chairman of the State Insurance Comittee gave his report on their investigation of Liability Insurance and after considerable explanation

and discussion, a vote of thanks was given to this committee composed of Drs. W. Glen Phillips, P. C. Harrell, James H. Shaw, R. A. Brown, Rupert H. Gillespie.

Dr. I. W. Shields, chairman of the Post-Graduate Committee explained at length, the difficulties of the present way of giving the Post-Graduate work and asked everyone present and the membership at large, to give this important phase serious thought and bring their recommendations to the State meeting in Pensacola.

Dr. A. M. Smith Jr. reported on the circulating library of our Society and asked that the members at large, use it more. This lending library is for the use of every member, it only being necessary for you to make a small deposit for the books you wish, which is returned to you when the book are returned to the library.

Dr. A. B. Whitman urged all the members, committeemen and officers of the Society, to give our Journal more support by sending in items, reports and other things of interest to the editor.

Meeting adjourned at 2:45 P. M.

USE YOUR LIBRARY

Now that the winter rush is about over, and our members may have more time for reading, we thought that the membership might be interested in knowing the number of good books that are available for their use:

Dental Surgery and Pathology, by F J. Coyler and E. Sprawson.

Text Book of Exodontia by Gwinn.

Courts and Doctors, by Lloyd Paul Stryker.

Diseases of the Teeth, Diagnosis and Treatment, by Marshall.

Porcelain Dental Restorations, by Capon.

Life and Works of Fonzi, by Guerini.

Periodontial Disease and Its Treatment by Ionic Medication, by Sturridge.

Root Canal Technic by Crane.

Dental Electro-Threapeutics by Sturridge.

One Copy of Mercks 1907 Index by Dr. A. Rooch.

Diseases of the Mouth, by Dr. Sterling V. Mead, BS., DDS.

Eight Volumes of the Transactions of the National Dental Association, Southern Branch.

Diet and Dental Health, by Milton T. Hanke.

The Business Side of Dentistry, by Edwin N. Kent, D. M. D.

Interpretation of Dental Radiographs, by Ritter.

New and Nonofficial Remedies, 1931, compiled by American Medical Association.

Local Anesthesia Simplified, by Posner.

The Atlas of Dental Extractions, by C. E. Wallis.

Interpretation of Dental and Maxillary Roentgengrams, by Robert H. Ivey, MD., DDS., F. A. C. S. and Le-Roy M. Ennis, DDS.

Extraction of Teeth, by Coyler.

Teeth, Diet and Health, by Kurt H. Thoma, D. M. D.

Manuel of Exodontia, by M. Hillel Feldman, D. D. S.

Radiodontia, by Howard Riley Raper, D. D. S.

Orthodontics, by Lischer.

General Pathology and Principles of Medicine, by Rowland.

Preventive Dentistry, for Dental Students, by Fones.

A deposit of two dollars is required with each application for books from the library, same to be refunded when book is returned. Books to be returned at the end of two weeks.

A. M. Smith, Jr., Librarian.

THE GOAL MUST BE REACHED

This is especially addressed to the officers and the Chairmen of the Membership Committees of the various districts. You are no doubt aware of the fact that we set as our goal 400 paid members for 1934. To date we have only 293. To reach the goal we must get 107 more members. This can easily be done if each one of you will renew your efforts. Many of the delinquent members are ready to come back and all they need is your approach, so we are pleading with you to start immediately approaching these men and give them a chance to re-enter the ranks.

We, in the Society, must build up the membership in order to meet and solve the many serious problems arising that menace our future safety. With a full organization we will attain those things which will be of lasting interest to the profession. We must not be hampered by out side interference. Dentistry must be controlled by dentists.

District officers and Membership Committees PLEASE HEAR OUR PLEA for cooperation. One person cannot do this, but the great number represented by the officers and committees can certainly bring this across.

Paul C. Harrell, Chairman,
State Membership Committee.

Fall will be here before we realize it. And with fall comes the Pensacola convention. Plan now to attend.

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WHAT FLORIDA DENTISTS ARE DOING

EAST COAST DISTRICT

Dr. M. Francis Wielage and Mrs. Ada M. Wielage honored by nationally known research group.

Three years ago fifty nationally known medical men feeling that progress in medicine would come along bio-chemical lines started a group correspondence. The group members represent twenty-five different states, among whom are the following:

President of the American Otological Society, president of the American Laryngological, Rhinological and Otological Society, the professor of Laryngology, Harvard Medical School, the chief of staff, Robert Bent, Brigham Hospital, Boston, the professor of Otology, University of Pennsylvania Post-Graduate Medical School, and others.

This group of outstanding men being interested in dealing with the problems underlying dental decay, desired a research dentist to work with them and extended an invitation to Dr. Wielage and his co-worker, Mrs. Ada Wielage.

The majority of the members are members of The American Laryngological Association which limits its membership to one hundred and the American Otological Society which has at present about 115 members.

This group will afford Dr. Wielage an opportunity to present his ideas before a group of nationally known medical men. There should be much of value from the group correspondence to present to the dental profession.

The Miami Dental Society met at its regular monthly meeting, Monday May 14th at eight P. M. in the Professional Club rooms, tenth floor of the Huntington Bldg. This proved to be one of the most interesting meetings held recently. Dr. A. D. Farver assisted by Dr. J. W. Puffer gave a paper and clinic on "Roofless Dentures." It was well discussed by Dr. B. N. Hamm and other members of the Society.

The school clinic committee reported very near all schools had been examined and promises of a completion to be made by May 18th. After the usual order of business the meeting was adjoined.

Sympathy is extended by all members of the Miami Dental Society, East Coast District Dental Society, and Florida State Dental Society to Dr. D. E. Sheehan upon the death of his mother in Hamilton, Ohio.

The Dental staff of Jackson Memorial hospital met at its regular meeting May 7th. Dr. L. H. Finn was elected unanimously to be secretary after the resignation of Dr. B. L. Wilkerson who next month is to become president of the Miami Dental Society. The dental clinic is progressing nicely and all working in harmony.

Dr. and Mrs. Leonard Finn announce the birth of a daughter, Maxine Jane, at Victoria hospital on May 12th.

Dr. B. L. Wilkerson represented the East Coast District at the meeting of the Clinic and Program committees of the Florida State Dental Society in Jacksonville, Thursday, May 10th at the George Washington Hotel.

Dr. I. W. Shields and Dr. E. B.

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Penn attended the meeting of the State Officers Council and the Post Graduate committee in Ocala, Sunday, May 13th.

NORTHWEST DISTRICT

Among the Pensacola men who are planning to attend the Post Graduate course at Panama City are Doctors: R. A. Brown, C. C. Nobles, W. G. McLeod, James Bell and J. M. Pepper.

Dr. J. C. Baldwin is back in his office after spending a few weeks in New Orleans.

Dr. McLeod returned from a flying trip to Jacksonville where he attended a committee meeting relative to the State Convention in Pensacola this fall. From all reports the program will be one of the best ever put on in the State and an unusual large crowd is expected to attend.

Dr. and Mrs. B. V. Dannheisser have returned from New Orleans where they spent a few days.

NORTHEAST DISTRICT

The Jacksonville Dental Society held its regular meeting Tuesday night, May 8th. The meeting was called to order by the president Dr. T. B. Torn. Following the reading of the minutes was the regular order of business. A committee was appointed to take care of the Parent Teachers Association Annual Pre-School Dental Examination.

A committee was appointed to make arrangements for a golf tournament to take the place of the June meeting, which is held the second week in June.

The following officers were elected for the coming year. President: Dr. I. W. Bull, vice pres., Dr. W. Glynn Phillips, secretary, Dr. Sam Whitten; treasurer, Dr. R. E. Allen, Jr., librarian Dr. Paul Scollard.

WEST COAST DISTRICT

The regular monthly meeting of the Tampa Society of Dental Surgeons was held Monday evening, May 14th, at the Tampa Municipal Hospital. Doctor C. A. Andrews, local Dermatologist, presented a paper on "Lesions of Oral Cavity." Following the paper lantern slides of conditions which come under observation of the Dentist were shown.

Doctor and Mrs. E. O. Mansker of Tampa have returned from a two weeks trip to Mississippi.

Doctor J. P. Getzen, who is recuperating from a recent operation, will leave for North Carolina the first of the month. Enroute he will stop over in Charleston, South Carolina, where he will present a clinic.

M. B. Scott of the Anderson Dental Supply Company is convalescing from a recent operation and reports that there has been plenty of time to figure out some new forms of "come hither" letters. We think you have always been pretty good "Mister" Scott.

West Coast District Dental Society
May 23-24, 1934
Dixie Grande Hotel, Bradenton, Fla.
Wednesday, May 23

8:30—Registration.

9:30 Opening Exercises. Business session. Committee reports.

10:00— Dr. U. Garfield Rickert, Professor Materia Medica and Therapeutics, Univ. of Michigan, "Focal Infection and its Relation to Arthritis.

12:00—Luncheon intermission.

1:30 to 5:00—Rotating Clinics, by sections:

Operative Dentistry: (a) Amalgam Technique, Dr. Fred M. York; (b) Silicates Technique, Dr. F. L. Adams; (c) Inlays Technique, Dr. J. W. Kutrow. Partial Dentures, Dr. B. L. Gamble.

These clinics will be repeated so that each member will have the opportunity of observing two.

7:30—Annual Banquet.

Thursday, May 24

9:00 A. M. to 11:00 A. M.—Clinics by sections: Group 1, Oral Diagnosis, Dr. C. J. Caraballo; Group 2, Radiodontia, Drs. C. J. Zimmerman, Walter Gainey; Group 3, Partial Dentures (Sectional Impressions), Dr. C. J. Williams.

11:00—Dr. U. G. Rickert, "Valuation of Economic Facts from the Viewpoint of Dentistry."

12:00—Luncheon. Chairman will be appointed to lead open discussion.

1:30 P. M.—Business Session, Election of officers.

2:30 P. M.—Dr. U. G. Rickert, "Teaching of the Principles of Prescription Writing and Why."

BE SURE AND GET TICKETS FOR CLINIC ASSIGNMENT IMMEDIATELY AFTER YOU REGISTER.

You are invited to attend the Post Graduate course being given here, Friday and Saturday by the Florida State Dental Society. Fee $10.00.

Dr. Frank Meyer, District Chairman.

CENTRAL DISTRICT

At the officers meeting of the State Society held in Ocala on May 13th, about twenty five were present, all Districts being well represented. The meeting was opened promptly at eleven o'clock in the morning.

Dr. Caraballo, vice-president of the National Dental Society, presented the matter of the proposed Inter-relationship Committee to cooperate with similar committees of the State Medical and Pharmaceutical Societies on legal and other subjects of mutual interest. One member of this committee is to be appointed from each district.

The Insurance Committee on Liability Insurance, Dr. Glen Phillips Chairman, presented their report, which was accepted, and the arrangement for members to obtain this insurance at a very favorable rate as appears from the article on Liability Insurance in another column.

The Membership Committee, headed by Dr. Paul C. Harrell, reported. Dr. Cummins supplemented this report with figures from his records. It was brought out that perhaps we are making membership in the Society too easy, the same also applying to reinstatement for non-payment of dues.

Dr. Harlow reported on the draft of the uniform Constitution and By-Laws for the District Societies. The work of this Committee was approved and commended by a rising vote. Dr. Chase was appointed to confer with this committee.

At this time it was mentioned that the Clinics given by Doctors Tyson and Caraballo, at the recent Alabama State meeting, attracted more favorable attention than any other features of the meeting.

A report of the Public Health Committee, Dr. Adams, chairman, was next heard. It was stated that the Bureau of Public Health Relations of the National Dental Society has useful printed matter for distribution.

Dr. Pattishall, Editor of the Journal, was called on for his report.

The report of the Board of Examiners was read by Dr. Taylor.

The report of Dr. Shields, chairman of the Post-Graduate Committee, appears elsewhere in the Journal.

The secretary, Dr. Cummins, reported progress in rearranging the bookkeeping for the society, and the proposed expenditure of some thirty dollars for new books.

A report on Life Insurance was postponed until next meeting.

A formal meeting of the Executive Council was held to confirm matters acted on favorably.

Central District Meeting

The regular annual meeting of this Society will be held at Daytona Beach, Saturday May 26th, opening at ten-thirty in the morning.

It will be held in the Boy Scout Hall in the Atlantic Block, 326 South Beach Street, opposite the Yacht Club. This is on the mainland side of the river, at the south end of the main business district.

Besides the business session and annual election of officers, a good program of operative and table clinics has been arranged, including the removal of a lower impaction. Full surgical equipment will be available, and arrangements are such that all can see the operation.

The State Post-Graduate course will be held the following Monday and Tuesday, May 28-29, at the Seaside Inn on the Beach, giving everyone a nice week-end.

Orange County Society

The monthly meeting of the Orange County Society was held at the office of Doctors Whitman and Harrell on May 15th.

One of the matters discussed was that of cooperating with the Collection and Credit Association of the Orange County Medical Society, which has been operating for some months. The consensus of opinion, so far, appears to be that it might not do the dentists much good unless they could get about 90% organized. The Medical Society now has all the ethical men in the county as members.

According to our recent custom, the Dentist in whose office the meeting is held, is called on for a program. Dr. Whitman discussed some points on Radical Pyorrhea Operation, following this by a talk on the work of the Board of Dental Examiners for the past year, and on plans for the coming examination in June.

During the summer months it was voted to hold meetings only when business requires attention or if a good program offers, such meetings to be called at any time by the officers.

Assistants Society

The Orange County Dental Assistants' Society, the first of its kind in Florida, has recently been accepted into the organization of The American Dental Assistants' Association.

We appeal to the dental profession of our state for co-operation in helping spread the movement we have started over the whole of Florida, that more interest in our work be created, as well as the privilege for gaining knowledge be increased among us.

The Orange County Dental
Assistants' Society

Without your local, district and state dental societies you would find yourself in a most deplorable condition—so much so that doubtless you would cease to practice. Societies are composed of members. Are you one? If not, join today.

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THE FLORIDA DENTAL JOURNAL

Published monthly by the Florida State Dental Society.

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DISTRICT ASSOCIATE EDITORS
Dr. Harold Ingram - Dr. B. S. Carroll
Dr. W. P. Wood - Dr. A. B. Whitman
Dr. B. V. Dannheisser

All items for publication should be sent not later than the 15th to the Editor, Dr. H. B. Pattishall, 351 St. James Bldg., Jacksonville, Fla.

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1st vice president - Dr. C. P. Cleveland
2nd vice president - Dr. P. C. Harrell
Sec.-Treasurer - Dr. R. D. Cummins
Librarian - - - Dr. A. M. Smith

JUNE, 1934

State Officers Conference

Your editor had the pleasure of attending the third annual conference of Officers and Committee Chairmen held in Ocala May 13th.

Twenty two dentists met for a conference and to plan for future work of the Society. On another page in this Journal you will find the minutes of this meeting.

The meeting lasted for about three hours and they really talked business, every one present expressd their views on the questions under consideration and we feel that these meetings have been productive of much good to the Society.

When you have a gathering of officers and committeemen and they get up at 5 A. M. or sooner and drive more than 300 miles (one way) just to attend a conference for the good of the Society and its work, you may know the reason for the progressive work of the Society. Every year spreading its influence so as to touch more and more dentists.

Warning

Parties unknown to us have been entering dental offices claiming to represent our company, stating that they were repairing dental equipment.

I wish you would publish an item in the Journal stating that we have no such representatives and that our official representatives are pretty generally known to the profession at large, and that the dentists should not permit these unknown parties to have the run of their offices, as it invariably results in loss sooner or later.

In one instance this party took an air compressor motor out of the office, stating he would have to take it to an electrical shop for repairs, and as yet the doctor has not seen anything of the individual or the motor. Another customer lost a complete electric engine the same way.

I would like for you to suggest to the profession that whenever they have such a visitor that they promptly communicate with our nearest office.—L. M. Anderson.

Professional Liability Insurance

Our new Insurance Committee has been at work and have just completed a study of the policies offered by several companies selling professional liability insurance. After a number of conferences with representatives of various insurance companies the committee have recommended to the members of the Florida State Dental Society the Metropolitan Casualty Insurance Company and the Commercial Casualty Insurance Company of New York.

These companies have representatives established in most of the towns of the state and you can buy this insurance through your local agent. They are licensed with the State Insurance Department and are thoroughly responsible and the committee feel can best serve the needs of our members.

The Massachusetts Dental Society has recommended the above companies for the past three years and find their service entirely satisfactory.

These companies offer a very reasonable rate and state that after two or three years the rate will be made on their experience with members of the F. S. D. S.

The companies plan an educational campaign to try to prevent malpractice suits.

We hope the members will take out their liability insurance with one of these companies.—Editor.

Cooperation

Cooperation is one of the greatest assets that an organization can possess, and cooperation among organization means speeding up progress, while without it failure is inevitable. When the good will clinic was organized between the Florida, Georgia and Alabama State Dental Societies every member of these societies was potentially in a position to render his patients a better service. This was demonstrated at our meeting in Ocala last fall, when the men from Georgia and Alabama brought to us the work that they were doing. The Alabama State Society met April the 23, 24, 25, in Birmingham with the following Florida men on the program: Dr. A. W. Sears, Dr. C. J. Caraballo, Dr. G. B. Tison, and Dr. C. J. Masters.

GEORGIA DENTAL ASSOCIATION

The Georgia Dental Association invites the members of the Florida State Dental Society to be present at their 66th Annual Meeting June 11-12-13, Piedmont Hotel, Atlanta, Georgia. A very practical, instructive, and entertaining program has been planned for your benefit.

Atlanta, "The Gate Way to the South," has ample hotel facilities, points of interest, theaters, and a large number of splendid golf courses, making this a very attractive place where you and your family can spend a real vacation, both profitable and enjoyable, as a well planned program has been arranged, interspersed with plenty of entertainment.

The ladies are planning several enjoyable affairs so be sure you let your wife see this and lets all meet in Atlanta June 11-12-13.

Fraternally,

J. R. O'Neal, President,
Georgia Dental Association.

Don't let a few dentists carry your share of professional responsibility. Take your part of the load by joining the society.

INTERESTING AND INSTRUCTIVE READING FOR JUNE

It seems that the members of the Dental Science and Literature Committee have been so busy that they have not had time to send in any suggestions of good articles that they received for other members to read, but your chairman has been able to get some of his data together and is giving you a list as follows in hope that you will find something interesting and instructive among them:

Operative Dentistry—Past and Present, by Ralph R. Byrnes, D. D. S. F. A. C. D. A. D. A. Journal for May 1934.

What Constitutes Efficiency in Dental Inlay Castings? by C. S. Van Horn, D. D. S., F. A. C. D. Dental Cosmos, aMy 1934.

Prolonged Anaesthesia in Dental and Oral Surgery, by Philo F. Hilderbrand, D. D. S. Dental Cosmos, May 1934.

Periodontia: The Hygiene of the Gingivae, by Dr. Jesse L. Lefcourt, Dental Items of Interest, May 1934.

Vincent's Infection of the Mouth: Clinical Incidents in Its Diagnosis and Treatment, by Isador Hirschfield, D. D. S. The A. D. A. Journal for May 1934.

General Anesthesia: by E. I. McKesson, M. D. The A. D. A. Journal for May 1934.

Clicking or Snapping Jaws, by E. F. Tholen, M. D., D. D. S. and F. S. Balyeat, M. D., D. D. S. The A. I A. Journal for May 1934.

Essential Factors in the Trial Base and the Trial Denture, by Victor H. Sears, D. D. S. The A. D. A. Journal for May 1934.

The Florida State Board of Dental Examiners, will hold its regular annual meeting in Jacksonville, June 25th, to 30th, inclusive, at the Seminole Hotel, nine o'clock Monday and Tuesday will be devoted to written theoretical work. Wednesday and Thursday to operative and prosthetic work. The Board requires applications to be in hands of the Secretary thirty days prior to the examination. The rules and regulations of the Board, together with application blanks, may be had by applying to the Secretary.

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Mineral Supplementation In Relation To Dentistry And A New Formula Expressing Co-Balance

By M. Francis Wielage, D. D. S.
Miami, Fla.

The present status of Dentistry is definitely proceeding in the direction of prevention. Highly specialized as the dental surgeon is in his field, one should expect him to be familiar with the qualities of the inorganic minerals out of which tooth and bone structure is built and be acquainted with the natural laws which determine their deposition. In other words, he should understand mineral metabolism in relation to dentistry.

The evolution of man may well be traced back to osmotic structures, which, though not alive, with the aid of mineral catalyzers evolved into the vegetable kingdom with its vitamins, and into the animal kingdom with its hormones. Its in these forms of exisance where the phenomena of life become manifest.

Many theories have been propounded to explain different phenomena and in time, all are making place for more useful ones. The thories of osteoblasts and osteoclasts, is a fair example of the ingenuity of the human intellect, trying to explain an apparently unsolved problem. Today there is evidence, that before long this theory may be replaced by a new one.

Life manifests itself in a colloidal state.

The phenomenon of precipitation manifests itself throughout existance of this planet and many a subject pertaining to this planet is under its influence. In colloidal chemistry precipitation is expressed as flocculation. Three fundamental factors are necessary to allow precipitation to manifest itself in the human body, namely; (1) Stasis. (2) The presence of an organic matrix, (3) and an abundance of ingredients to be precipitated. Even in its earliest expression, precipitation definitely takes the form crystallization. This factor is of importance in the evolution of tooth structure, from inorganic minerals to dentine and enamel.

In analyzing these three factors in relation to orthopedics in general and dental orthopedics in particular, a knowledge of the organic matrix formation is necessary. The evolution of the dental follicle from the morulla to its finished product teaches that the matrix of enamel is endodermal, whereas the matrix of dentine is mesodemal in origin. The organic matrix out of which calculus is formed is composed of bacteria and discarded epithelial cells and the same three factors are required for calculus formation. The mineral constituents and their behavior are measured by bio-chemical tests.

Bigwood states: (1)

"Physiology accords to the mineral elements in biologic media a role of more and more importance. Ringer, Locke, Loeb and Hamburger have definitely demonstrated, that the influence of the inorganic constituents of the body fluids, does not only depend on their individual influence but also on the relative proportion in which these elements find themselves in the circulation."

This clearly illustrates that there is a need of a mineral picture as we have used the blood picture in the past. A comparison between the two may well bring out the relation between the increasing blood discrasias and a disturbed mineral metabolism.

With the increased efficiency in biochemical laboratories and a better understanding of the behavior of the inorganic constituents of the blood, a more comprehensive therapy is made possible. It has become an established fact in the practice of internal medicine, that a total blood calcium determination is of limited significance. The behavior of the blood towards the body store house is far more important. This can readily be expressed by Ca and P2 determination in relation to an organic Calcium phosphate in the form of powdered beefbone. As the ionic Ca is now considered to be the active Ca in the body, the determination of same, is very important. So far this has not been practical. The filtration of defibrinated blood through a collodian bag, and calculated from diffusable Ca does not give an accurate account of the ionic Ca in vivo. With the availability of an accurate pH determination of the blood by the method of Kanner-Matthieu Chanoogne (2) and a total CO_2 content determination by the Van Slyke method, a calculation of ionic Ca becomes practical by following the method of Bigwood. With the aid of the formulas of Rona, Takahashi, Henderson and Van Slyke-Hasselbach, he established the mean value of ionic Ca as 2.5 mgr %. This was made possible through the work of Brinkham and Van Dam who proved the formula of Rona to be correct. Bigwood also established as a fundamental fact the interdependence of the alkaline medium and the proportion of ionic Ca.

The acid-base balance as expressed in the pH of the blood again is of definite value. The following conclusions have been derived at: Ca is found in the blood in three distinct forms; as ionic Ca, as the bicarbonate of Ca non-ionized in a state of over-saturation and as Ca proteinate.

Rona, Hamburger, Brinkman and Van Dam have established that the amount of ionic Ca is approximately one-fifth of the total Ca. Ionic Ca is a function of the content of Hydrogen ions and bicarbonate.

The concentration of Ca ions varies parallel with the concentration of Hydrogen ions. High when the pH is low and weak when alkalosis is marked. This parallelism is not apparent between the bicarbonate and the ionic Calcium. These findings are very important to preventive dental medicine.

Lord Kelvin states:

"When you can measure what you are speaking about and express it in numbers, you know something about it, and when you cannot measure it, when you cannot express it in numbers, your knowledge is of a meager and unsatisfactory kind. It may be the beginning of knowledge, but you

have scarcely in your thought advanced to the stage of a science."

The emperical method of Ca and P2 therapy as advocated by the manufacturer has no place in scientific dentistry and a warning may well be issued at this time.

Hobart A. Hare (3) makes the following statement in his foreword of Cantarow's book on "Ca Metabolism and Ca Therapy;"

"Lack of knowledge on the part of the profession of medicine in general as to the duties or functions of calcium in the organism is such, that it is either not employed when it should be or, all too frequently, is given to patients who do not need it, with the result that the body must promptly get rid of it by the kidneys or bowel if harm is not to result. Indeed, the present use of calcium is, in many instances, the introduction of an agent of which the physician knows little into a body of which he knows less, in entire forgetfulness of the universal rule that any agent capable of doing good is capable, if improperly used, of doing harm."

Now that ionic Ca can be calculated with a satisfactory and practical method, the formula of Howard (4) and associates in regards to Ca balance, namely:

Total Ca x Inorganic P2 - 40 should make place for a new formula, namely; Ca x Inorganic P2 - 10.

The behavior of the mineral constituents of the blood are directly related to the disintegration of enamel, dentin and supporting bony structure.

This new formula will express more accurately the mineral balance of the individual patient in relation to Ca and P2 metabolism and scientific application of mineral supplementation to the individual patient will lead dentistry a step nearer the solution and prevention of mouth conditions, which are to be considered as symptoms of a disturbed systemic mineral balance.

Price (5) advocates the determination of Ca and P2 and their behavior towards an organic Ca phosphate (bone chips or powdered beefbone). The patient is then supplemented if the blood or saliva shows an avidity for either mineral or both minerals. If there is an avidity in the blood or saliva for P2 and when these fluids show that Ca is deposited, a condition of active caries is claimed to exist. Therepeutics are then instituted to have the blood finally deposit both Ca and P2 into the storehouse.

In our offices, clinical observation coupled with laboratory findings has altered the supplementation as advocated by Price to some extent.

The result of the beefbone tests is interpreted in relation to the total Ca and P2 content of saliva or serum.

At all times an effort is made to sense the effort the body is making to maintain a normal mineral picture. If the total Ca is above normal and the tests show an avidity exists for Ca, which means Ca demineralization, this is encouraged in the treatment until a normal total Ca is obtained. The same procedure is followed with P2, if indicated. If the total Ca or P2 is low and an avidity exists, the phenomena of paradentosis and caries in active state exists and the patient is supplemented with the needed normal balanced mineral mixture is used for supplementation.

If total Ca is low and total P2 is high, Ca is used for supplementation and phosphorous containing foods are temporarily restricted until normal balance is reached. The reversed method is used if total P2 is low and total Ca is high.

Alterations in diet are instituted to alter kidney function in their secretion of acid phosphates, to aid in the adjustment of the blood pH. Other pH, altering drugs are prescribed if necessary to establish a normal acid-base balance. The advise of always prescribing di-calcium phosphate for supplementation is not sound. The fact, that commercial houses are contemplating a mixed mineral tablet for the profession bares out the necessity for same.

The main difference between the method of Price and the one used in our offices is, that the results of the beefbone tests, as far as the behavior of Ca and P2 is concerned, are interpreted a an expression of the balancing mechanism of the body to readjust conditions for the continued manifestation of life.

The results so far are very gratifying and the possibility of preventing the reappearance of caries and paradentosis by keeping the patient in a normal mineral balance is indeed promising.

(1) La consentration en ions calcium du plasma sanguin M. E.—J. Bigwood. Page 1-2.

(2) Dosages photo metriques du pH du sang avec le Photometre Vernes, Brique. Yvonne. Archives de l'Institut Prophylactique Tome IV No. 4. Quatriene Trimestre 1932. (Masson et Cie) Paris, France. Page 462-486.

(3) Calcium Metabolism and Calcium therapy. Lea & Febiger. Philadelphia. Foreword.

(4) Quoted by Cantarow. Calcium metabolism & Calcium therapy. Lea & Febiger. Philadelphia. Page 63.

(5) Price, Weston A. Experimental Basis for a New Theory of Dental Caries, with Chemical Procedures for Determining Immunity and Susceptibility. Dental Cosmos. December 1932. Vol LXXIV. No. 12.

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Vacation attractions that will write history in American Dental Association conventions, and comfort that will make previous and succeeding convention hosts envious are promised by St. Paul to dentists who come to this city August 6-10, 1934.

Plans are under way to make the scientific aspects of the convention more complete and interesting than in the past. Dentists who combine their vacations with their trip to the convention will realize in St. Paul a rare combination.

Here are all the summer sports and recreations that can be asked. Golf? Fourteen courses. Fishing, boating or swimming? Thirty lakes within thirty minutes and 260 lakes within a 40 mile radius. Tennis, trapshooting, hiking, picnicking? Plenty. Weather? Warm in the daytime and cool at night. Parks? Fifty-five of 'em in St. Paul, ranging from detailed landscaping to natural wilderness. Driving? Hunders of miles of boulevards and paved highways in and about the city. Flying? Airport four minutes drive from the loop district.

These statements are not exaggerated. And there are more advantages. The convention will take place in St. Paul's new municipal auditorium. Completed less than three years ago, this structure embodies every late improvement for convenience, efficiency and comfort in handling conventions. It has half a dozen large meeting and exhibit spaces holding from 600 to 13,000 persons. Yet, every space can be independently used without interruption by persons from the other. Conversely, all can be connected by a public address system, and by adequate passageways.

The room are ventilated and cooled by a system that works. The arena floor can be transformed in four hours of the hottest summer day into an ice skating rink, and kept that way indefinitely. The seats are comfortable. And there are 100 first class hotel rooms located within five blocks of the auditorium.

For the scientific men who come to the convention the auditorium offers unusual facilities. Also the city offers them a tradition of culture and education that has become historic here. The dental profession in St. Paul has been linked for nearly F years with the School of Dentistry of the University of Minnesota. Founded in 1885 this school has operated continuously since.

Institutions of higher learning in St. Paul number eleven and one of these and two provate academies were founded as early as 1853. In St. Paul are the headquarters of three great railroad systems with trained engineers and technicians in great numbers. Two construction and engineering companies that operate on a world wide basis make their headquarters in St. Paul. With these institutions the city is no stranger to science and learning.

But it is a progressive city too. The new auditorium is part of a municipal improvement program proposed by a council of citizens and voted by the people at a cost of $15,000,000. Boulevards, widened streets, a new city hall, parks, playgrounds and libraries are all a part of this program.

It is easy to reach this progressive city of St. Paul. Fine roads come from all directions. Nine railroads and two airlines come to this city. St. Paul is a short overnight journey from Chicago by train and less than three hours by air. Three transcontinental railroads come from the Pacific Northwest.

Consider these advantages. Consider a committee of 200 members of the St. Paul District Dental Society, headed by Doctor Max E. Ernst, hard at work to make good on all their promises. Then consider the committee's slogan for the convention and act on it:

"PLAN YOUR VACATION TO INCLUDE A TRULY SCIENTIFIC MEETING."

CLINICS

In on other way can real advancement be made in the Dental profession as a whole than by the knowledge you have combined with that of your fellow practitioners. In no better way can you obtain that knowledge which your fellow practitioner has that you need, than the State Clinics which are to be put on Thursday from two to four P. M., when our State Society meets in Pensacola in October.

The Clinic committee wishes to contact every member of the Florida State Dental Society, and urge you, if you have short cuts, or any methods that count for efficiency in the every day practice of your profession, to be willing to demonstrate it in a clinic at our State meeting.

C. C. Nobles, Chairman

New Jersey Restricts Advertising

Under the terms of a new law just signed by Gov. A. Harry Moore of New Jersey, dentists may not advertise products or fees by circular, sign, newspaper or radio. Professional cards only may be inserted in newspapers or programs.—The Illinois Dental Journal.

CAPITAL PLUS PRINCIPLE

Cyrus H. K. Curtis, publisher of the Saturday Evening Post and Ladies' Home Journal, has passed into the Great Beyond.

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Peridontal Disease And Its Treatment

By Dr. C. J. Caraballo, Tampa

It is the author's wish in the discussion which follows to make clear to his audience the newer knowledge regarding the diagnosis, treatment and prognosis of the very prevalent and universal disease, periodontoclasia.

As an introductory explanation, please allow me to state clearly that I am not underestimating the ability of the general practitioner to assimilate and properly interpret the terminology of the present day; nor, am I criticizing the various authorities whom, I know, are coining new terms daily. The efforts of the latter are to the effect that confusing terms should be abandoned, and new ones substituted to describe definitely that which the term designates. Needless to say, that to anyone other than a student of the voluminous literature on the subject, much confusion will arise when perusing the writings of the different authors, particularly, those of foreign nations.

In my feeble efforts to clarify and simply interpret the salient points in the known etiology and treatment of the disease in question, I beg your indulgence.

Etiology

Dr. Merritt in his book on "Periodontal Disease" places the etiological factors in three main general divisions.

1. Those of systemic origin.
2. Those of local origin.
3. Interrelated factors from these two groups.

Clinical observations, as well as laboratory findings, prove that a vicious cycle is in most cases evident. To wit: local disease affecting systemic health, and vice versa, making it imperative to consider both the first and second groups.

Classification of Types

For the sake of simplicity and because it is fully descriptive, let us adopt Box's classification of the main types of periodontoclasia; namely, simplex and complex.

SIMPLEX—pocket formation precedes tooth mobility. Gingival inflammation predominant and deposits generally abundant. Pocket usually wide, shallow and slow in development, affecting interproximal spaces. (Horizontal Periodontoclasia).

COMPLEX—generally localized in the perodontium of teeth in traumatogenic occlusion. Migration and looseness first, followed by pocket formation.

Treatment

Regardless of the type or combination of types present, the fact remains that there has occurred destruction of the peridental membrane, accompanied by more or less alveolar atrophy. Pus, may or may not be visible, but infection most certainly exists.

How shall we proceed in the management of a given case to affect a cure? Let me here and now emphatically state that "to proceed empirically is to invite failure." With the possible exception of the purely complex type, general, systemic or metabolic disturbances should be carefully considered. Such diseases as influenza, pneumonia, diabetes, nephritis, tuberculosis; as well as dietary deficiencies, are frequently associated with, and often are the cause of simplex periodontal lesions. Unless we are positive that these do not exist or proper treatment is instituted in the case, our efforts will avail only temporary relief. Consequently, a competent internist must assist in the diagnosis and treatment of these concomitant diseases when present.

Having eliminated the possibilty of complicating diseases and the treatment of same, we are prepared to undertake the local treatment, which consists of the elimination of the periodontal pocket, or pockets.

First, we must obtain a general radiodontic survey. Bite wing films must also be obtained, because the angulation necessary for periapical radiographic evidence does not disclose the true depth of the pocket and the destruction of alveolar substance. These radiographs are not only essential for diagnostic purposes, but are of great assistance during the treatment of the case.

The **second** step consists of thorough prophylaxis, followed by extraction of the hopelessly affected or infected teeth. Also, all carious cavities must be properly filled, overhanging or rough margins of fillings corrected, and ill fitting crowns and bridges replaced by anatomically constructed restorations. Necessarily, contact points should be as normally restored as possible, and occlusal trauma remedied.

The **third** step which (unfortunately, it is often undertaken as the first step) is the elimination of the pocket. This can be accomplished in various ways, depending on the case, the skill and judgment of the operator. Regardless of which procedure is employed, it is imperative that the teeth affected be thoroughly scaled, the infected cementum carefully planed to a fresh, smooth surface, and the necrotic bone and epithelial lining of all pockets destroyed and removed. It now becomes possible for reattachment of soft tissues to the cementum to take place; be it physical, or physiological.

The **fourth** step (the step which will insure lasting results) is the post-operative care of the case by the dentist and, also by the patient. Unless, proper mouth hygiene together with a proven brushing technique and gum massage is instituted and continued, recurrence of infection will result.

I hope that in this short paper I have covered the salient points necessary to the successful treatment of periodontoclasia. Please note that no drugs or nostrums are recommended and let me conclude with this plea; that, unless a dentist is sufficiently interested and earnestly endeavors to treat these cases as they should be treated, he should refer the patient to a competent practitioner who is willing to cooperate with the patient and accept the responsibility.

In our daily routine, our goal is prevention and the early detection and recognition of the abnormal to insure the teeth and health of our clientele. Thus, we are rendering a true service.

Let us always remember that the simplest gingivitis is a potential periodontoclasia.

Mention the Journal when writing orders or to the salesmen of our advertising patrons.

CONCRETE VALUES ACCRUING TO THE INDIVIDUAL DENTIST AS A RESULT OF LEGISLATION

By Homer C. Brown, DDS, FACD, Chairman committee on Legislation and Correlation, American Dental Association, Columbus, Ohio

The history of dentistry as a profession dates from 1840. Many factors have contributed to its phenomenal progress during this period, such as organizations, education, legislation, literature, research, discovery and invention; however, without depreciating the influence of any of these I think a fair analysis will recognize legislation as the most important.

The legal status of all questions is definitely determined through legislation and court decisions. For instance, the Baltimore College of Dental Surgery was chartered by the General Assembly of Maryland, February 1, 1840, and the Ohio College of Dental Surgery by the General Assembly of Ohio, January 21, 1845. These were the first dental educational institutions, and it is assumed that all others were subsequently authorized by law. Also, on December 31, 1841, Alabama enacted the first legislation to regulate the practice of dentistry, which was then administered by physicians. In 1867 Kentucky enacted a dental law and the following year similar legislation was enacted in New York and Ohio. Subsequently every state and territory enacted legislation until today dentistry is recognized as an important phase of health service throughout the world.

The first Federal legislation was enacted by Congress, February 2, 1901 creating an Army Corps of 30 Contract Dental Surgeons, which was amended March 3, 1911, providing a commission rank of First Lieutenant. The National Defense Act of June 3, 1916 increased this rank up to and including Major, and on October 6, 1917 legislation was enacted granting dental officers equal status with medical officers in the Army. This was generally accepted as the greatest achievement in the history of the dental profession, as it raised the status of dentistry in governmental services and increased its recognition by the allied professions and the public.

A Navy Dental Corps was authorized by Congress, August 22, 1912, and on July 1, 1918 was granted equal status with the Medical Officers. Subsequently a favorable status was authorized for Dental Officers in U. S. Public Health Service, Veterans and Indian Bureaus. While the direct benefits resulting therefrom were limited to these officers, and those they served, yet indirectly their influence was favorably reflected on every practitioner of dentistry. This, also, stimulated an increased interest in all phases of dental practice and encouraged many to acquire new and improved equipment etc.

The interests of the profession and the public were safeguarded by successfully opposing unreasonable duties on dental instruments in the Tariff Acts of 1922 and 1930. The 1922 Act provided a 35% ad valorem duty on dental instruments and a 45% on surgical. The 1930 Act retained the 35% dental duty but increased the surgical to 55%. These Tariff Acts were under consideration for approximately two years each and required most careful attention. The manufacturers advocated both an ad valorem and specific duty which ranged from 75 to 300%. Thus it will be observed that a great saving has accrued as a result of this prolonged activity.

Assisted the Research Commission in developing the Cooperative Research Program at the National Bureau of Standards and in securing increased Federal appropriations for this important activity.

Secured a modification of the Prohibition Regulations permitting dentists to obtain the same amount of spiritous liquors, for office administration, as was authorized for physicians.

Secured legislation relating to two International Dental Congresses.

Assisted in developing plans for providing dental service in the Civilian Conservation Corps.

Our Committee cooperated with others in securing the following:

(1) A reduction of tax on alcohol from $4.18 to $2.09 per gallon.

(2) A reduction of narcotic license fee from $3.00 to $1.00.

(3) The coordinating of all Governmental health activities in the U. S. Public Health Service and promoting National Institute of Health legislation.

(4) A deduction of the expenses in attending professional meetings from Income Tax reports.

(5) Restoring term "Dental Service" versus "Stomatological Service" in Navy.

(6) The promotion of the Dental Health Survey Program.

(7) A modification of the embargo on gold and of the regulations requiring affidavits quarterly in its purchase. Also, in protecting, insofar as was possible, the dentist's interest in the recent Executive Orders relating to gold.

(8) Uniform narcotic State legislation and in formulating narcotic regulations.

(9) Reasonable interpretation regarding the application of NRA to dentistry.

(10) Participated in the Dental Laboratory Code controversy in an effort to safeguard the interests of the profession and the public.

We cooperated with others in successfully opposing the following:

(a) In 1920 and 1921 two attempts were made to place an excise tax of $10 an ounce on new mined gold.

(b) An excise tax of 10% on precious metals used in dentistry in the 1932 Revenue Act. The Regulations, as drafted, placed a 10% tax on the entire fee of restorations in which precious metals were used.

(c) An excise tax of 10% on dental proprietary preparations. A 5% tax was agreed to as a compromise by the Conference Committee.

(d) Non-service connected pension legislation.

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(e) Boiler Inspection legislation in the District of Columbia, including vulcanizers, autoclaves, etc.

Furthermore, we have cooperated with the officers of many of the state societies in their legislative problems. For instance, nineteen states have recently enacted Sales Tax legislation and others may be forced to take similar action. Our efforts have been directed in an attempt to exempt professional health services from the application of these Sales Taxes. This especially applies to dental restorations wherein tangible personal property, such as gold, teeth, vulcanite etc. is employed. In some instances the tax officials have held that the entire fee was taxable and the dentist required to collect and report same.

State Legislatures ordinarily meet every two years, but because of economic conditions many of these have been called into Special Session by their governors. Thus, it behooves the State Society officers to be constantly alert and prepared to meet any emergencies that may arise. One of these may result from the general sentiment that some readjustments will be necessary in the rendering of profesional health services; therefore, it is imperative that the professions should assume the leadership in this solution, rather than permitting welfare and other groups, with radical views, to destroy the personal relationship existing between the professional man and his patient, which is a long and highly cherished tradition.

In the final analysis, organized dentistry should assume the active leadership in whatever readjustments may be necessary, and every ethical practitioner should consider it a duty to participate in any constructive program which will better protect his interests.

In union there is strength and able leadership stimulate confidence.

THE LABORATORY CODE WILL BENEFIT PROFESSION BY CHECKING ILLEGAL PRACTICE

The Code can, and will, if strictly enforced, stop illegal practice by laboratories. Article VII, Section 15, forbids any laboratory to do any work except for a licensed dentist or another dental laboratory. The fact that any violation of this provision will be tried by the Regional Code Authority and will carry a $500.00 fine makes any direct work very risky and dangerous. This is the most direct benefit the profession will get from the Code. Other benefits would be:

1. Elimination of substitution which has characterized cut-throat price competition.

2. Stabilization of prices—thus protecting reputable dentists against the competition of those who sought cheap laboratory service and thus took patients from dentists who would not risk their patients' health with inferior appliances.

3. Improved sanitary conditions in laboratories.

4. Eliminating special terms to dentists who were "good shoppers" which jeopardized the interests of those who sought quality first.

5. Eliminating unskilled laboratory technicians, thus insuring a higher grade of workmanship.

6. Eliminating fraudulent or deceptive advertising or branding.—Official Bulletin Odontological Society of Western Pennsylvania.

?

As a practicing dentist, do you feel that you owe anything to organized dentistry?

Do you feel that your professional life would be more hazardous and unsatisfactory if it were not for organized dentistry?

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